

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18290

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>519-B</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>				
b. CITY OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 Wks</u>		c. CITY OR TOWN <u>EKLAND</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>2 MI N.W. EKLAND, MO</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILDRED M</u> b. (Middle) <u>HOWLAND</u> c. (Last) <u>HOWLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16 1955</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-23-1891</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CAMBRIDGE MASS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT KEENZ</u>			13b. MOTHER'S MAIDEN NAME <u>MARY MECHER</u>		14. NAME OF HUSBAND OR WIFE <u>RAYMOND S.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>RAYMOND HOWLAND EKLAND MO</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diverticulitis of Sigmoid Colon.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5721</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>3 mos</u>
19a. DATE OF OPERATION <u>5/31/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Diverticulitis Sigmoid</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE _____ (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>5/31, 1953</u> , to <u>6/16, 1953</u> , that I last saw the deceased alive on <u>6/16, 1953</u> , and that death occurred at <u>11:4 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chas E Lockhart MD</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>6/18/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-20-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MISSION CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>			
DATE REC'D BY LOCAL REG. <u>6-20-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.W. BARBER</u> ADDRESS <u>MARSHFIELD MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lee Mason*

Licensed Embalmer No. *45*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.